AMENDED IN SENATE AUGUST 20, 2013

AMENDED IN SENATE JULY 2, 2013

AMENDED IN SENATE JUNE 19, 2013

AMENDED IN SENATE JUNE 17, 2013

CALIFORNIA LEGISLATURE—2013-14 REGULAR SESSION

ASSEMBLY BILL

No. 219

Introduced by Assembly Member Perea (Coauthors: Assembly Members Olsen, *Wieckowski*, and Williams) (Coauthor: Senator Wright)

February 4, 2013

An act to add Section 1367.656 to the Health and Safety Code, and to add Section 10123.206 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 219, as amended, Perea. Health care coverage: cancer treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law imposes various requirements on contracts and policies that cover prescription drug benefits.

 $AB 219 \qquad \qquad -2 -$

This bill would prohibit a large group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2014, and an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications from requiring an enrollee or insured to pay a total cost-sharing amount of more than \$100 per filled prescription. The bill would provide that, with respect to a high deductible health plan, as defined, the cost-sharing limit this provision applies only if the plan deductible has been satisfied.

Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.656 is added to the Health and 2 Safety Code, to read:
 - 1367.656. (a) Notwithstanding any other law, a large group health care service plan contract issued, amended, or renewed on or after January 1,—2014, 2015, that provides coverage for prescribed, orally administered anticancer medications shall not require an enrollee to pay a total cost-sharing amount of more than one hundred dollars (\$100) per filled prescription.
 - (b) Notwithstanding any other law, an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications shall not require an enrollee to pay a total cost-sharing amount of more than one hundred dollars (\$100) per filled prescription.
- 15 (e)

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16 (b) The cost-sharing limit in this section shall not apply to a 17 health care service plan contract if the plan is a high-deductible -3- AB 219

high deductible health plan, as defined in Section 223 of Title 26 of the United States Code, and the plan deductible has not been satisfied.

- SEC. 2. Section 10123.206 is added to the Insurance Code, to read:
- 10123.206. (a) Notwithstanding any other law, a large group health insurance policy issued, amended, or renewed on or after January 1, 2014, 2015, that provides coverage for prescribed, orally administered anticancer medications shall not require an insured to pay a total cost-sharing amount of more than one hundred dollars (\$100) per filled prescription.
- (b) Notwithstanding any other law, an individual or small group insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications shall not require an insured to pay a total cost-sharing amount of more than one hundred dollars (\$100) per filled prescription.

(c)

- (b) The cost-sharing limit in this section shall not apply to a health insurance policy if the policy is a high-deductible high deductible health plan, as defined in Section 223 of Title 26 of the United States Code, and the policy deductible has not been satisfied.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.